Agence
de développement
de réseaux locaux
de services de santé
et de services sociaux
Québec
Montréal

FRAME OF REFERENCE FOR PRIVATE RESIDENTIAL FACILITIES

September 1998
Revised in September 2004

106-04897/

This document is available from the documentation department of the Agency.
(514) 286-5604

Cost : 7,00$

Disponible en français

Since January 30th 2004, in accordance with article 2 of the *Loi sur les agences de développement de réseaux locaux de services de santé et de services sociaux,* the new name of the Regional Board is *Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal.*

On web site of the Agency : http://www.santemontreal.qc.ca/

© Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal, 2004

ISBN 2-89510-174-4

Dépôt légal – Bibliothèque nationale du Québec, 2004

TABLE OF CONTENTS

PREAMBLE **4**

INTRODUCTION **6**

1. THE FRAME OF REFERENCE **9**

1.1 GUIDING PRINCIPLES 9
1.2 THE OBJECTIVES OF THE FRAME OF REFERENCE 9
1.3 SPECIFIC OBJECTIVES 9
1.4 DEFINITION OF CONCEPTS 9
1.4.1 AUTONOMY 9
1.4.2 THE CONCEPT OF LOSS OF AUTONOMY 9

2. POLICY IN THE FRAME OF REFERENCE **11**

2.1 PRIVATE RESIDENTIAL FACILITIES 11
2.2 RECOGNITION 12
2.3 THE ROLE OF PROMOTING INDEPENDENCE 12
2.4 TARGET CLIENTELE 13
2.5 NEEDS PROFILE 13
2.6 SERVICES 14
2.7 QUALITY-RELATED RESPONSIBILITIES 14
2.8 MANAGEMENT PHILOSOPHY 15
2.8.1 GUIDING PRINCIPLES REGARDING THE INDIVIDUAL 15
2.8.2 GUIDING PRINCIPLES AS REGARDS OUTSIDE CONTACTS 16

3. ACCOUNTABILITY **16**

4. RECOGNITION OF QUALITY **17**

4.1 ACCREDITATION 18
4.2 QUALITY APPRAISAL / ROSES D'OR PROGRAM 18

5. REGISTRATION OF RESIDENCES IN THE REGIONAL REGISTER **19**

6. THE ROLE OF VARIOUS ORGANIZATIONS IN REGARD TO PRIVATE RESIDENTIAL FACILITIES **19**

7. OTHER LINES OF ACTION RELATING TO SERVICE TO THE ELDERLY **20**

8. CONCLUSION **20**

BIBLIOGRAPHY **22**

Appendix I - Needs profile of target clientele
Appendix II - Services : obligatory and optional
Appendix III - Responsibility with respect to quality
Appendix IV - The role of various bodies regarding private residential facilities
Appendix V - Registration
Appendix VI - Guide to the accreditation
Appendix VII - Organization responsible for quality appraisal of residences with services for the elderly

PREAMBLE

This document constitutes the frame of reference of the Montreal-Centre Regional Board (Régie régionale de la santé et des services sociaux de Montréal-Centrel) regarding private residential facilities for the elderly, generally referred to as private residences (*résidences privées*). This frame of reference is intended to apply to all such facilities, whatever their size (large, medium, small) or type (apartment, room and board, guesthouse).

The Régie régionale de Montréal-Centre is a decentralized body of the Ministry of Health and Social Services (ministère de la Santé et des Services sociaux). Its mandate is to contribute to public health, the social environment, and social and health conditions in its region. As overall manager, it is responsible for planning, organizing, implementing, and evaluating health and social services programming in order to meet the needs of the public in its territory.

Since the reform to the health system came into effect in April 1993, the Régie régionale has handled the mandate for quality control assigned to it by the Minister in respect of health-system institutions and private residential facilities without a Ministry permit.

The quality control mandate consists of powers to inspect. This mandate gives the Régie régionale the authority to enter any location where it has reason to believe activities are being conducted that correspond to the mission of an institution within the meaning of the law. In addition it allows the Régie régionale to enter any institution, in order to ensure that the law and regulations are being respected.

Regarding private residential facilities, the power to inspect relates to actions taken in facilities that do not hold a Ministry of Health and Social Services permit regarding identification of individuals with loss of autonomy, their assessment, and their relocation (when necessary) to health-system institutions that will meet their needs.

The Régie régionale actions under this mandate have led to the recognition there is uncontrolled growth and proliferation of private residential facilities that house individuals with loss of autonomy without having the necessary authorization.

This problem has taken on such large proportions in recent years that the Régie régionale is being called upon on all sides to act to ensure protection for individuals who live in these facilities.

It is not the objective of the present frame of reference to regulate private residential facilities. On the contrary, this frame of reference specifies that private residential facilities are responsible and accountable for the quality of services they offer their residents, when the activities conducted there fall into the category of lodging and are intended for individuals who are autonomous or else have only suffered a mild loss of autonomy.

In consequence, only private residential facilities housing individuals with a loss of autonomy and carrying out the mission of institutions are subject to the *Act respecting health services and social services*.

Whereas we do not have formal power over private residential facilities, the aim of the frame of reference is to serve as a guide to organizing a quality living environment so that, on one hand, these facilities can receive recognition as residential settings and, on the other hand, workers in the health and social services system can make appropriate use of such

resources when called upon to direct clients towards them who are deemed able to continue living in the community.

This frame of reference results from reflection and discussions undertaken by representatives of the public sector, the community, and the private sector of the Montreal region, under the coordination of Ms. Andrée Demers-Allan. These representatives, who were members of a multi-sector task force, met once a month from September 1995 to April 1997.

Resource persons who contributed to the task force's work were from the following organizations :

- Ms. Murielle Pépin, directrice des services corporatifs, Curateur public
- Ms. Anne Badke, directrice générale, Conseil des aînés de Notre-Dame-de-Grâce
- Ms. Monique Brun, chef du service social, Hôpital du Sacré-Coeur
- Ms. Nicole Collette, directrice de l'administration de programmes services de soutien à domicile, CLSC de Verdun/Côte St- Paul
- Ms. Lise Raymond, directrice générale, Association des Centres d'Accueil Privés Autofinancés (A.C.A.P.A.)
- Mr. Roger Lagacé, président de la section de Montréal-Nord, Association Québécoise de la défense des droits des retraités (A.Q.D.R.)
- Mr. Gilles Larocque, président, région Île de Montréal, Fédération de l'Âge d'Or du Québec (F.A.D.O.Q.)
- Mr. Sylvio Brière, facility owner ; member, Regroupement des résidences pour retraités du Québec
- Mr. René Cantin, facility owner ; vice-président, Société pour personnes âgées en résidence (S.P.A.R.)
- Mr. Claude Paré, président, Visavie inc.
- Mr. Claude Quiviger, conseiller en développement communautaire, Ville de Montréal
- Ms. Odette Lagacé, conseillère, Services de première ligne, Régie régionale de Montréal-Centre
- Ms. Thérèse Darche, conseillère, Services aux personnes âgées, Régie régionale de Montréal-Centre
- Ms. Andrée Demers-Allan, conseillère, Services aux personnes âgées, Régie régionale de Montréal-Centre
- Ms. Christine Pelletier, secrétaire, Services aux personnes âgées, Régie régionale de Montréal-Centre

We offer our sincere thanks to all of these people for their valued cooperation and their generosity.

INTRODUCTION

The issue of the proliferation of private residential facilities and their use to house individuals with loss of autonomy includes the following elements :

- The unsuitableness of private residential facilities for delivering long-term care, since regulations for these residential settings as regards buildings, physical layout, equipment, safety, and services are devised with an autonomous clientele in mind.
- The presence of elderly people with loss of autonomy in private residential facilities, in regard to whom the health system has no assurance that they are receiving the services their state of health requires.
- While it is true that individuals who live in private residential facilities are classified as living at home for purposes of access to home care services delivered by CLSCs, it is nevertheless the case that the owner/operators of these facilities are «natural or legal persons» offering a public service, even though on a private basis. These owner/operators therefore have the same obligation as anyone else to respect the regulations in force, be they regulations relating to housing, accommodations, and safety, or relating to placement and long-term care, the Civil Code, protection of individuals, and so on.

For some years now, four factors have contributed to the complexity of issues related to the supply of private residential facility services. The first is economic, the second sociopolitical, the third organizational, and the fourth has to do with values and perceptions.

The economic factor

On the economic level, the proliferation of private residential facilities can be explained in particular by the opportunity that presented itself to invest in a new market created by the aging of the population, as well as by the strengthening of in-home programs and services with a view to encouraging elderly people to remain in their natural living environments for as long as possible before having recourse to health-system residential facilities.

The emergence of this new market attracted many investors. Thus, today, we have a supply greater than the demand. This sector has witnessed numerous bankruptcies, restructurings, and organizational difficulties, as well as a shift in mission.

The sociopolitical factor

Current government policy favours maintenance in the home. In the course of recent years, monies have been invested in in-home programs and services. Elderly people who leave their homes often require more care and services.

The organizational factor

Development in the area of private residential facilities responds to market demands created by services to the elderly. This activity sector, which has been weakened by competition, is currently undergoing organizational difficulty :

- the wide range of quality in facilities (buildings, physical layout, equipment, intake capacity, services offered) and in the competence and the human qualities of the people who manage the facilities ;

- the adjustments in service- and care-organization entailed by a higher-care clientele, which private residential facilities are often not in a position to make ;
- the complexity and the difficulty of applying the legislation and regulations in place for the protection of vulnerable individuals ;
- the cumbersomeness of the mechanisms for applying the *Act respecting health services and social services* when it comes to powers of inspection and evacuation, the relocation of individuals, and appeals to the Commission des affaires sociales ;
- the absence of government and municipal policy on the role and responsibilities of private residential facilities towards their clientele. In this vacuum of control, anybody can open a facility and take in both autonomous individuals and those with loss of autonomy just as they wish and without offering any guarantee of competence and quality. This lack of control is prejudicial to good-quality facilities, because it creates harmful competition, makes client recruitment difficult, and compromises the reputation of private residential facilities that offer high-quality services ;
- time lags for access to home care resources and health-system residential facilities, as well as the habit of various intervenors of using private residential facilities as transitional housing for clients awaiting placement ;
- the absence of policy regarding an understanding on accountability between the public system and private residential facilities that offer care and services linked to the health and social services field.

The factor deriving from values and perceptions

The desire of the elderly to remain in the community as long as possible, given that the setting they have chosen satisfies their needs and their social, cultural, and economic values.

Confusion about the role of private residential facilities. When it comes to placement, few people distinguish between a private residential facility that is increasing its supply of services and a residential institution that holds a permit from the Ministère de la santé et des services sociaux.

Resistance on the part of individuals and their families to transfer to a residential facility with a permit when the individual's condition requires it. This is often due to a negative perception and a lack of familiarity with the resources available in institutional settings.

Concerned by this issue, and by abusive and exploitative situations reported about elderly persons living in private residential facilities, the sector for services to the elderly (Services aux personnes âgées) of the Régie régionale de Montréal-Centre department of programming and coordination (Direction de la programmation et coordination) set up a multi-sector task force in September 1995, consisting of representatives of the public, private, and community sectors, to initiate reflection and joint action on the role of private residential facilities.

The task force's mandate was as follows :

- **to decide on the place and the role of private residential facilities for the elderly, taking into account the specific characteristics of these residential settings as well as current regulations ;**
- **to identify measures whereby this activity sector can regulate itself and offer**

quality services that ensure protection for the elderly who reside in private residential facilities.

The work of the task force led to the development of guidelines for drawing up a frame of reference on Montreal region private residential facilities, as well as an action plan to validate and disseminate it.

The frame of reference aims to define and promote the distinct role of private residential facilities for the elderly and endue these facilities with the responsibility for the quality of services and protection of individuals.

The frame of reference reflects a collective position that aims to propose appropriate use of private residential facilities for the elderly.

1. THE FRAME OF REFERENCE

1.1 GUIDING PRINCIPLES

Four guiding principles served as the basis for our policy :

- the importance of promoting a proper fit between private residential settings and services to clients that satisfy current legislation ;
- the importance of ensuring the protection of individuals and providing quality services that respect dignity and meet the needs of the clientele ;
- the importance of owner/operators of private residential facilities being responsible and accountable for the services they offer their residents ;
- the obligation incumbent on one and all to cooperate and to act in a complementary fashion, in fulfilment of their responsibilities within their respective specific fields of endeavour.

1.2 THE OBJECTIVES OF THE FRAME OF REFERENCE

To recognize the services supplied by private residential facilities and to specify these facilities' responsibility and accountability as providers of this service to the elderly.

1.3 SPECIFIC OBJECTIVES

- To give rise to joint action on the role of private residential facilities ;
- to develop a code of ethics, including tools for management, self-evaluation, and evaluation of the quality of services provided by private residential facilities ;
- to develop a mechanism for recognition of the quality of service and living environments offered by private residential facilities within the limits of their responsibilities ;
- to disseminate information to private residential facilities.

1.4 DEFINITION OF CONCEPTS

The policy proposed by this frame of reference rests on the definition and classification of two concepts : autonomy and loss of autonomy.

1.4.1 AUTONOMY

The autonomous person is defined as an individual capable of making choices, making decisions, accomplishing the activities of daily living and domestic activities, and maintaining control over her or his existence and environment.

1.4.2 THE CONCEPT OF LOSS OF AUTONOMY

Loss of autonomy is a functional limitation of mobility and of the ability to accomplish the activities of daily living and domestic tasks by oneself. Loss of autonomy can also take the form of cognitive loss, difficulties with decision-making, and communicative problems. Loss of autonomy may be temporary or permanent and may be attenuated or compensated for by human or material resources.

What is important to assess regarding the individual's needs profile is **the nature**, **the intensity** and **the duration** of the service or services required to compensate the loss of autonomy.

Nature of services

By "nature" is meant the type of service offered. A distinction is made between services of assistance, which consist of helping, supporting (guiding, stimulating, orienting, and observing) an individual in the performance of activities (these services being provided by non-professional personnel), and care services, which consist of nursing, medical, rehabilitation, and psychosocial services and are provided by professional personnel.

Intensity of services

"Intensity" refers to the quantity of services required by the individual in one or more spheres of activity. It is here that we use the concepts of **regular** and **daily services**.

Regular services : These consist of helping an individual carry out one or more activities (for example, by providing help with bathing) once or twice a week. The individual is still able to carry out activities and this level of service does not require a change of living environment, even though the service is provided weekly.

Daily services : When service is needed daily in one or more spheres of activity, the individual requires a different living environment than the one she or he presently lives in.

Duration of services

"Duration" refers to the period for which services will be required. The service may be needed temporarily or permanently.

For instance, an individual may present with an instance of situational loss of autonomy, which will temporarily result in more significant disabilities without entailing a move, providing the period of disability is of short duration.

It's another matter, however, if the loss of autonomy is permanent and entails a disability in many or all spheres of activity (see the concept of intensity, above).

The threshold : nature, intensity, and duration of daily needs

The threshold of loss of autonomy that calls for service organization different from what is found in a private residential facility occurs when, by reason of physical or psychosocial disabilities, an individual is no longer able to accomplish, **whether in part or in whole**, his or her activities of daily living, and requires services and care on a **regular and daily** basis.

Thus, from the moment when, by reason of physical, mental, or cognitive disabilities, an individual "requires daily assistance for living activities such as eating, getting up, washing, going to the toilet, and so on, and for monitoring the

taking of medication ; and when the individual requires regular nursing care, stimulation to eat, supervision in order not to wander off, or presents signs of confusion or a need for protection,"[1] it is necessary to provide that person with care- and service-organization designed to meet these needs adequately. To protect citizens, the legislation in place subjects such care- and service-organization to the *Act respecting health services and social services*.

2. POLICY IN THE FRAME OF REFERENCE

2.1 PRIVATE RESIDENTIAL FACILITIES

Definition

The meaning of "private residential facility" is a congregate residential facility where rooms or apartments intended for elderly persons are offered for tend along with a varied range of services relating, in particular, to security, housekeeping assistance and assistance with social activities, except a facility operated by an institution and a building or residential facility where the services of an intermediate resource or a family-type resource are offered. It is not connected to a health-system institution. It constitutes the place of residence (domicile) chosen by the individual. [2]

Its status as housing means that the facility is subject to various regulations :

- municipal regulations relating to zoning and occupancy ;
- the regulations of the Housing Board (Régie du logement) relating to leases and services ;
- municipal or Construction Board (Régie du bâtiment) regulations about safety and fire ;
- regulations of the Ministry of Agriculture, Fisheries, and Leisure (ministère de l'Agriculture, des Pêcheries et des Loisirs) relating to hygiene and food preparation, and so on.

The wide variety of private residential facilities available meets different individuals' requirements in terms of social, cultural, and economic values. Three main types of facility are distinguished.

- **Apartments** : These are private, independent housing units which allow an individual to carry out all of his or her activities of daily living and main domestic activities (meal preparation, care of personal belongings, and so on). The range of services associated with apartments varies.

- **Room and board** : A residential setting that is usually meant for 10 persons or more, in which the individual enjoys space consisting sometimes of a private room, sometimes of a room shared with people other than the individual's spouse or close kin. In these facilities one usually finds common areas for meal preparation and consumption, care of personal belongings, and leisure activities. By the nature of the way they are organized, these facilities entail communal living, since the individual must share common spaces such as the dining room and living room for certain activities.

---

[1] Guide d'information sur les résidences privées pour personnes âgées autonomes, M.S.S.S., 1994.

[2] Proposition pour le cadre de référence sur les orientations ministérielles concernant les résidences privées, ACAPA, October 1996.

- **Guesthouse** : A family-type residential setting, usually for 9 persons or fewer, which has the same features as a room and board facility. Because of their small capacity, the possibility exists for a bond to be forged between residents and owner/operators.

Characteristics of the private residential facility

- Offers a range of choices as regards neighbourhood, type of residence, language spoken, religion, and cost ;
- offers a safe environment and frees the individual up from domestic responsibilities ;
- offers access to a residential setting with certain services ;
- promotes social and community life.

2.2 RECOGNITION

This frame of reference acknowledges that private residential facilities have a place and a role that complement the health and social services system.

This frame of reference situates the contribution made by private residential facilities in the area of maintenance within the community. This frame of reference recognizes that private residential facilities have a responsibility to take measures to promote and maintain the individual's autonomy in a safe, high-quality setting.

This frame of reference acknowledges, therefore, that private residential facilities have a place to fill as residential settings offering services for individuals who are autonomous or have suffered only mild loss of autonomy.

This frame of reference proposes that private residential facilities be considered as a housing option for the elderly clientele.

2.3 THE ROLE OF PROMOTING INDEPENDENCE

By virtue of the housing function of private residential facilities, the role of owner/operators is to ensure quality housing services in a residential setting that is safe and respectful of the independence of individuals who are still autonomous or have suffered a mild loss of autonomy, who live in their facility.

Thus, rather than gradually changing their residential settings into placement facilities for individuals with loss of autonomy, private residential facilities would be well advised to develop true living environments that promote individual independence : that is, to invest in "life" rather than in "sickness."

We propose the following guidelines for action :

- develop a philosophy of life that allows individuals to exercise choice, make their own decisions, and carry out their activities of daily living ;
- foster a demedicalized approach ;
- offer activity programming that promotes independence ;
- favour involvement by residents in community life ;

- favour intake of individuals who risk a greater loss of autonomy if not provided with a structured setting and an organized living environment ;
- maintain zero tolerance towards abusive and exploitative situations that residents may be victims of ;
- offer quality services that maintain respect for the individual's dignity.

2.4 TARGET CLIENTELE

Individual needs vary and evolve.

Individuals likely to benefit from the comfort of a private residential facility present with the following conditions :

- Mild loss in physical and mental abilities
- Lack of interest in material arrangements
- A health condition that involves disabilities
- Problems of isolation and loss of socialization
- Lack of security, motivating a search for a reassuring environment
- Mild cognitive losses entailing supervision
- Degree of incapacitation that does not eliminate autonomy but that entails supervision and services to varying degrees

The social values that play a part in the choice of private residential facility could have to do with the following :

- Links with :
  - a given cultural community
  - a neighbourhood
  - a religion
  - a spoken language
  - etc.
- Various types of social setting
  - working-class atmosphere
  - luxurious atmosphere
  - family atmosphere

2.5 NEEDS PROFILE

The needs profile is a tool designed to identify which individuals can live in, be directed to, or be admitted to private residential facilities, taking their needs into account.

To prepare the needs profile document, we had recourse to the "Evaluation of Autonomy : Multiclientele and Home Care Services Programme" (client evaluation form) used by CLSCs to assess their home care clients.

The CLSC client evaluation form assesses 29 functions distributed in five areas : activities of daily living (ADL), mobility, communication, mental functions, and domestic activities.

Every function is assigned a score on a four-degree scale corresponding to three levels of disability.

0 full autonomy
-0.5 autonomy with some difficulty
-1 the person needs help and support in the form of supervision, stimulation, and

guidance, but can carry out the activities
-2 the person needs partial help
-3 the person is incapacitated ; the activity must be performed for him or her

To determine the needs profile of individuals who can live in and be served by private residential facilities, we have selected those descriptive components of the CLSC client evaluation form that relate to the first level of disability, falling between 0 (fully autonomous) and -1 (requires help).

FULLY AUTONOMOUS PERSON ---------->	THE PERSON CAN STILL CARRY OUT THE ACTIVITIES BUT NEEDS HELP AND SUPPORT IN THE FORM OF SUPERVISION, STIMULATION, AND GUIDANCE

Thus the clientele for whom residence in a private residential facility is suitable is that whose needs fall within the boundaries of the needs profile presented in Appendix I.

In the needs profile presented in Appendix I we find the features of simplicity, concreteness, and ease of use.

It is our belief that owner/operators should use this analytic instrument as a management tool for, among other things, admission, needs identification, assessment of autonomy, and service organization.

2.6 SERVICES

To meet the needs of the clientele, we have identified obligatory and optional services.

- **Obligatory services** : These have to do with regulated standards for physical layout, safety, hygiene/wholesomeness, and essential services, depending on the type of building.

- **Optional services** : These are not obligatory. They depend on the services the facility offers its clientele.

Table 2, in Appendix II, presents an overview of services available in private residential facilities.

2.7 QUALITY-RELATED RESPONSIBILITIES

The quality-related responsibilities of owner/operators of private residential facilities bear on four areas of action :

1. The individual
2. Services
3. Management
4. The building

Table 3, in Appendix III, specifies the responsibilities and minimum quality criteria that have been set. These criteria can serve as tools of self-evaluation for owner/operators wishing to offer their residents quality services.

2.8 MANAGEMENT PHILOSOPHY

The role of the guiding principles

The role of the guiding principles is to elicit a management philosophy in private residential facilities. Their method of application will vary according to the size, nature of activities offered, and status of the facility, but all private residential facilities must take them into account.

The underpinnings of the guiding principles

The guiding principles are founded on the rights of the individual, as defined by charters and legislation currently in force :

- the *Universal Declaration of Human Rights* (UN, 1948) ;
- the *Act respecting health services and social services* (R.S.Q., Ch. 4-2) ;
- the *Quebec Charter of Human Rights and Freedoms* (R.S.Q., C-12) ;
- the *Canadian Charter of Rights and Freedoms* (1982) ;
- the Civil Code ;
- the *Act respecting the Public Curator* (R.S.Q. C-81).

Under these charters and statutes, owner/operators of private residential facilities must respect the rights of individuals.

2.8.1 GUIDING PRINCIPLES REGARDING THE INDIVIDUAL

- **The individual's sphere of authority and independence**

  Every individual is responsible before anyone else for him- or herself. Notwithstanding the rights of others, every individual is thus the first person empowered to make decisions regarding his or her personal, social, and economic life. Any behaviour or attitude by another person that has the effect of making decisions, directly or indirectly and unduly, in the person's name, is therefore unacceptable. This applies equally to any individual under protective supervision.

- **Self-actualization**

  The development of individual skills and abilities and the possibility for playing fulfilling social roles are of fundamental importance to the quality of life of every individual. Private residential facilities must ensure they create a climate favourable to individual self-actualization, both through the services and activities they themselves offer, and through whatever is made available in the community.

- **The individual's involvement in decisions that concern him or her**

  Every individual - or, where appropriate, his or her representative - must be directly involved in decisions that concern him or her, whether these relate

to his or her fundamental principles for living or to the general operation of the circumstances of his or her life. It is therefore necessary to set up mechanisms for residents' participation.

- **Individuals' safety and well-being**

  Every individual has a right to housing that provides safety and well-being. Private residential facilities therefore have an obligation to supply the means and support necessary for the maintenance of individual independence, respect for individuality and privacy, safety, and exposure of all forms of abuse of the individual.

2.8.2 GUIDING PRINCIPLES AS REGARDS OUTSIDE CONTACTS

- **Ties to family and friends**

  Relations with those close to an individual (family, friends) have a direct impact on quality of life. In consequence, private residential facilities must facilitate the maintenance and growth of such relationships between residents and those close to them.

- **Relations with the surrounding community and society in general**

  The surrounding community, with its services, businesses, and various institutions and organizations, is a significant locus of self-actualization that can help prevent isolation among people living in private residential facilities. Moreover, as full citizens of their society, residents continue to be party to that society's evolution. Thus private residential facilities must maintain an openness to social life and facilitate links and cooperation with the surrounding community.

Consequently, this frame of reference proposes that private residential facilities develop a management philosophy that respects these guiding principles.

3. ACCOUNTABILITY

This frame of reference acknowledges that owner/operators of private residential facilities are responsible and accountable for the choice of the individuals they receive in their facilities, as well as for the quality of housing services they offer.

What, then, of individuals in private residential facilities who reach the threshold of loss of autonomy?

The *Act respecting health services and social services* is clear on this subject : "No person may engage in activities inherent in the mission of a ... residential and long-term care centre or rehabilitation centre unless he is the holder of a permit issued by the Minister" (Section 437, R.S.Q., Ch. S-4.2).

Three choices are thus available to owner/operators of private residential facilities :

- REFERRAL OF INDIVIDUALS TO INSTITUTIONS IN THE PRIVATE HEALTH SYSTEM

THAT ARE NOT UNDER AGREEMENT.

- CONFERRAL OF A PERMIT AS A PRIVATE RESIDENTIAL AND LONG-TERM CARE FACILITY (PRIVATE CHSLD) NOT UNDER AGREEMENT, TO OWNER/OPERATORS OF PRIVATE RESIDENTIAL FACILITIES WHO APPLY FOR SUCH A PERMIT AND AGREE TO COMPLY WITH ALL RELEVANT CRITERIA.

- DIRECTION OF INDIVIDUALS, WITH THE HELP OF A CLSC, TO PUBLIC HEALTH-SYSTEM RESIDENTIAL FACILITIES.

Individuals who need long-term care and wish to remain in the private sector must be directed or referred to private CHSLDs not under agreement that are accredited by the Ministry of Health and Social Services. Private institutions not under agreement have the same mission and are subject to the same requirements as public institutions and private institutions under agreement. They have, however, two distinct features : they are entirely responsible for recruiting their own clientele, and they receive no public funding for their operation and their fixed assets. Consequently the cost of the accommodation, services, and care provided is borne wholly by the individuals who reside there. Private CHSLDs not under agreement are institutions in every sense and it is legal to direct and refer individuals with loss of autonomy and their families to them when lodging in the private sector is desired.

Delivering long-term care to individuals who need it obliges an institution whose care and services are subject to the *Act respecting health services and social services* to ensure residents receive the protection to which citizens are entitled. Thus an owner/operator who wishes to receive or maintain clients with loss of autonomy must qualify for acquisition of a permit as a private CHSLD not under agreement within the meaning of the law.

Such an owner/operator may convert part of his or her facility to a CHSLD or wholly transform it, depending on the needs of the district. A permit may be granted to him or her if he or she applies for it and agrees to comply with the requirements.

If the individual chooses to be directed to the public system, a request for services must be made by the individual or his or her family, or by the owner/operator, to the local CLSC. The CLSC is mandated to receive the application, to conduct an assessment of the individual, and to follow up until he or she is admitted to the chosen institution.

4. RECOGNITION OF QUALITY

This frame of reference specifies that the quality of services offered by private residential facilities is their responsibility and not that of the Ministry or of any institutions in the health system.

The frame of reference therefore recognizes the obligation on the part of the owners/operators of private residential facilities to demonstrate the quality of the services that they provide by complying with minimum quality criteria. These criteria target two objectives :

Objective 1 : to ensure that private residential facilities are offered to the appropriate clientele ;

Objective 2 : to ensure that these facilities deliver a good quality of life in a safe and healthy environment.

The following minimum criteria have been established :

- Possession of a municipal permit, if available ;
- Possession of registration documents (individual or corporate registration) ;
- Public signage ;
- Possession of an emergency and evacuation plan ;
- Possession of civil liability insurance ;
- Observance of *An Act respecting health services and social services* as well as other regulations in full force and effect ;
- Collaboration, when required, with the CLSC in the same territory.

Membership in a representative association is another means of striving for quality. As well, in order to ensure that clients are referred to private residential facilities that offer quality services, this frame of reference recommends that institutions in the health system make sure these facilities comply with these minimum quality criteria before directing or referring individuals to them.

4.1 ACCREDITATION

Private residential facilities may meet quality criteria and comply with standards without having obtained official recognition of quality.

The reference framework recommends that private residential facilities contact recognized registration organizations and request that they assess the quality of their services.

The Régie régionale has identified and recognized private accreditation organizations that meet the requirements defined for a registration system (see Appendix 1).

4.2 QUALITY APPRAISAL / ROSES D'OR PROGRAM

In signing a 2002 protocol, the Quebec government recognized the expertise of the Fédération de l'âge d'or du Québec – Mouvement des aînés du Québec and its ROSES D'OR Program in quality appraisal of private residences with services for the elderly.

In 2002 the Montréal-Centre Regional Health and Services Board became a partner with organizations such as the FADOQ-Île de Montréal, the City of Montreal, and the residential care associations in the implementation of the ROSES D'OR program throughout the territory of Montreal. The Régie régionale helps with funding and is represented on the *comité aviseur régional* (regional advisory committee, CAR), which oversees the program by taking part in its implementation and publishing the ROSES D'OR directory.

The **ROSES D'OR Program** is intended to support seniors who are looking for housing with services to choose a residence where quality standards that meet their needs are respected. The ROSES D'OR Program is based on an incremental improvement approach, which makes it possible to appraise residences by means of a validated grid and a supervised process. The program has also published a directory of residences that observe quality and safety standards. (See the program's contact

information in Appendix VII).

The Régie régionale's involvement in the ROSES D'OR Program is part of its ongoing objective of helping to improve the living and safety conditions of seniors who live in private residences.

5. REGISTRATION OF RESIDENCES IN THE REGIONAL REGISTER

As of 2002, section 346.0.1 of *An Act respecting health services and social services* requires that the Régie régionale establish and maintain a register of residences with services for the elderly in its territory.

The register targets for-profit and not-for-profit residences with services for the elderly as well as cooperatives and religious communities for the elderly.

The Act defines a residence for the elderly as "a congregate residential facility where rooms or apartments intended for elderly persons are offered for rent along with a varied range of services relating, in particular, to security, housekeeping assistance and assistance with social activities...."

Furthermore, the new section 346.0.2 states that, in order to legally conduct their operations, the people in charge of residences for the elderly must provide the Régie régionale with certain information :

> **« The person in charge of a residence for the elderly must on receiving its first resident and, subsequently, on 1 April each year, file with the Régie régionale a declaration containing the information required under the last paragraph of section 346.0.1. »**

The information mentioned above is the following : "... the name and address of the owner or person in charge of the residence, the address and physical description of the residence, certain information concerning the building and the municipal permits held, certain characteristics of the residence, the services offered and the facilities available as well as the age groups of the clientele. Such information is public information."

6. THE ROLE OF VARIOUS ORGANIZATIONS IN REGARD TO PRIVATE RESIDENTIAL FACILITIES

In order to promote cooperation and complementarity in supply of services to the elderly in private residential facilities, we have identified the roles of various bodies. These roles are presented as Table 4, in Appendix IV.

7. OTHER LINES OF ACTION RELATING TO SERVICE TO THE ELDERLY

Already being carried out

Among the forty or so measures in the restructuring plan for the health and social services system in the Montreal region, several target the service continuum for the elderly.

- As of December 1996, an interactive service network using the CLSC for one-stop access to long-term service was implemented. This program is intended for the elderly at risk of loss of autonomy or who have lost their autonomy.
- Increased in-home services and community-based services.
- Increased service to residential institutions to enable them to take in clients who need more than 2.5 care-hours per day.
- Increased optimal use of outpatient services available from day hospitals, day centres, and rehabilitation centres.
- Adjustment in budget cuts to both public residential facilities and private ones under agreement, in order to maintain the service level.

In conclusion, the year 1995-1996 saw improved access to residential institutions for clients needing 2.5 care-hours per day or more, while CLSCs increased the number of individuals served and the frequency of nurses' house calls and home help.

Medium-term

- Implementation by municipalities of a use regulation for opening a private residential facility that houses more than four individuals, in order to improve safety. The regulation is found in the *Code national du bâtiment 95*, to be passed by the government of Quebec in the course of 1997 under the name «*résidence supervisée*.» All municipalities will be required to apply it. The regulation will allow for control of facility development.
- Continued analysis by the Régie régionale of applications by owners of private residential facilities for permits as private CHSLDs not under agreement, with a view to operating a residential and care facility to serve those of their residents with loss of autonomy.
- Promotion of development of intermediate-type facilities within the meaning of the law in the private sector, as part of the organization plan for services to the elderly.

8. CONCLUSION

The objective of this frame of reference is not to turn private residential facilities into alternative environments in order to solve the adjustment difficulties of the health and social services system.

This frame of reference reflects a collective vision of what quality of life in dignity and safety ought to be for elderly people living in private residential facilities.

Aging is not an illness. It is a state of life, sometimes at a slower pace, but nevertheless holding rich potential for fulfilment, active living, and control over one's own environment. Maintaining gains, prolonging the present, and pushing back the grip of time on autonomy, are the goals put before private residential facilities. They constitute a role as

essential and vital as that of caring for disease. The difference is that this role is played at the start of a process rather than at the end.

For an individual, this is the moment when prevention and the maintenance of autonomy can make all the difference between living fully and allowing oneself to die slowly. The challenge is great!

The real challenge in this dossier is nevertheless to be found elsewhere. It is the one that all of us in the field of health and social services and housing are called upon to meet :

> *Joint action and complementarity in our decision-making, our actions, and our resources, designed to promote accessibility, continuity, and quality in the services needed by the elderly clientele for a better aging experience.*

BIBLIOGRAPHY

- Enquête sur le vieillissement et l'autonomie de 1991, Statistics Canada, September 1991.
- Règles d'éthique, Centre de soins prolongés de Montréal, 1991-1992.
- Regulations of the Ville de Châteauguay, no. G-1099.
- Guide pour le choix d'une résidence d'hébergement sur le territoire du CLSC Seigneurie de Beauharnois, aller vivre ailleurs : une décision de première importance, April 1993.
- La place des résidences privées dans la réforme, Actes du premier congrès d'orientation, Regroupement des Résidences pour Retraités du Québec, Laval, 13 October 1993.
- Les interventions effectuées dans les ressources sans permis en vertu des dispositions de l'article 489 de la "Loi sur les services de santé et les services sociaux (L.R.Q., Chapitre S-4.2)", Direction générale de la coordination régionale, M.S.S.S., 26 November 1993.
- Les résidences privées pour personnes âgées, non titulaires d'un permis du ministère de la santé et des services sociaux - plan d'action, M.S.S.S., 24 August 1994.
- Politique relative aux interventions du CLSC dans les résidences privées d'hébergement pour la clientèle âgée, CLSC du Havre, 25 January 1995.
- Letter of 29 June 1995 to institutions in the health system regarding the directive from the Régie régionale on use of institutions and private residential facilities.
- Recommandations du coroner Delage suite aux décès de 9 personnes âgées dans 4 incendies de résidence de la région de Montréal, Sainte-Foy, 19 December 1995.
- Cadre de référence concernant les résidences privées, Régie régionale de la santé et des services sociaux de Québec, February 1996.
- Letter from the Public Curator regarding unlicenced private residences - incapacitated clients, 29 February 1996.
- Letter from the City of Montreal on regulations for private residential facilities, 4 April 1996.
- Letter from Assistant Deputy Minister Maurice Boisvert to Mr. Marcel Villeneuve about support and intervention measures in private residences, 29 April 1996.
- Étude portant sur la clientèle et les résidences privées sans permis hébergeant la clientèle inapte, Quebec Public Curator, June 1996.
- Cadre d'orientation pour le curateur public sur les résidences privées sans permis, 15 July 1996.
- Rapport sur l'évaluation des besoins des personnes âgées vivant dans les résidences privées du territoire et recommandations relatives à un partage des responsabilités en faveur de l'amélioration de leur qualité de vie, CLSC Seigneurie de Beauharnois, August 1996.
- Proposition pour le cadre de référence sur les orientations ministérielles concernant les résidences privées, Association des centres d'accueil pivés autofinancés, 1 October 1996.
- Letter of 20 November 1996 to institutions in the health system about the directive from the Régie régionale on use of institutions and private residential facilities.

APPENDIX I

NEEDS PROFILE OF TARGET CLIENTELE

TABLE 1
NEEDS PROFILE OF TARGET CLIENTELE

ACTIVITIES OF DAILY LIVING (ADL)

1. **Eating and drinking**	2. **Washing**	3. **Dressing**	4. **Personal hygiene** (brushing teeth, combing hair, shaving)	5. **Bladder function**	6. **Bowel function**	7. **Toilet use**
◊ eats on his or her own ♦ eats on his or her own but requires stimulation or ♦ close supervision or ♦ food must be cut up or chopped beforehand	◊ washes on his or her own ♦ washes but must be stimulated or ♦ requires close supervision in order to do it or ♦ needs help for a full bath, but bath not needed daily	◊ dresses on his or her own ♦ dresses on his or her own but must be stimulated or ♦ needs supervision to do it or ♦ clothing must be brought out and presented or ♦ final touches must be performed by someone else (buttoning up, lacing) or ♦ needs partial help for dressing	◊ performs self-care on his or her own ♦ needs stimulation or ♦ needs supervision for self-care	◊ normal urination ♦ occasional incontinence or ♦ one drop at a time or ♦ needs to be often reminded to urinate by another person to prevent incontinence or ♦ frequent urinary incontinence but manages cleanup on his or her own	◊ normal defecation ♦ occasional bowel incontinence or ♦ needs occasional enemas	◊ uses toilet on his or her own (including sitting down, getting dressed, getting up) ♦ needs close supervision for toilet use or ♦ uses a commode chair, a bedpan, or a bed urinal

MOBILITY

1. **Transfers from bed to armchair or to wheelchair and vice versa**	2. **Indoor walking**	3. **Outdoor walking**	4. **Attachment of prosthesis or orthesis**	5. **Getting around in a wheelchair**	6. **Use of stairs**
◊ gets up and goes to bed on his or her own ♦ gets up and goes to bed on his or her own but needs to be stimulated or supervised or ♦ to have movements guided	◊ gets about on his or her own (with or without a cane, a prosthesis, or an orthosis) ♦ gets about on his or her own but needs to be guided or supervised in certain circumstances or ♦ has an unsafe gait or ♦ uses a walker	◊ gets about on his or her own (with or without a cane, a prosthesis, or an orthosis) ♦ gets about on his or her own but needs to be guided, stimulated, or supervised in certain circumstances or ♦ has an unsafe gait or ♦ uses a walker	◊ does not wear a prosthesis or orthosis ♦ attaches prosthesis or orthosis on his or her own ♦ needs attachment of prosthesis or orthosis verified	◊ does not need a wheelchair to get around ♦ gets around in a wheelchair on his or her own	◊ goes up and down stairs on his or her own ♦ goes up and down stairs but needs to be guided, stimulated, or supervised

◊ Fully autonomous
♦ Needs assistance

MENTAL FUNCTIONS

1. Memory
- ◊ memory normal
- ♦ forgets recent data (people's names, appointments, etc.) but remembers important matters

2. Orientation
- ◊ well oriented in relation to time, space, and people
- ♦ is sometimes disoriented in relation to time, space, or people, but does not have behavioural problems

3. Comprehension
- ◊ understands satisfactorily what is explained or asked
- ♦ is slow to grasp explanations or requests

4. Judgement
- ◊ evaluates situations and makes reasonable decisions
- ♦ evaluates situations and needs advice in order to make reasonable decisions

5. Behaviour
- ◊ adequate
- ♦ minor behavioural disturbances (sus-tained complaining, emotionally labile, apathetic, stubborn) requiring occasional supervision, a call to order, or stimulation

COMMUNICATION

1. Sight
- ◊ sees adequately with or without prescription lenses
- ♦ visual disturbances

or
- ♦ blind but carries out activities of daily living (with or without supervision)

2. Hearing
- ◊ hears satisfactorily with or without hearing aid
- ♦ hears what is said to him or her if spoken loudly

or
- ♦ requires another person to attach hearing aid
- ♦ only hears shouts

or
- ♦ only certain words

or
- ♦ lip-reads

or
- ♦ understands by watching gestures

3. Speech
- ◊ speaks normally
- ♦ has a language impairment but ma-nages to express thoughts
- ♦ has a serious language impairment but can commu-nicate certain pri-mary needs and answer simple questions (yes/no answers)

DOMESTIC TASKS (INSTRUMENTAL ABILITIES)

1. Maintenance
- ◊ maintains room or apartment on his or her own
- ♦ performs maintenance on his or her own but requires supervision

or
- ♦ needs stimulation to maintain suitable level of cleanliness

or
- ♦ needs assistance for heavy work (washing floors, storm windows, etc.)
- ♦ needs assistance with maintenance

2. Meal preparation
- ◊ prepares meals on his or her own
- ♦ prepares own meals but needs stimulation to maintain suitable diet
- ♦ only prepares light meals or reheats meals already cooked
- ♦ does not prepare meals

3. Running errands
- ◊ plans and runs errands on his or her own (food, clothing)
- ♦ plans and runs errands on his or her own but needs delivery
- ♦ needs assistance with planning or running errands

4. Laundry
- ◊ does laundry on his or her own
- ♦ does own laundry but needs stimulation or supervision to maintain suitable level of cleanliness
- ♦ needs assistance with laundry

5. Use of telephone
- ◊ uses telephone on his or her own
- ♦ answers telephone but only dials some numbers from memory or emergency num-bers

6. Use of transport
- ◊ uses a means of transport (car, taxi, bus, etc.) on his or her own
- ♦ must be accompanied to use a means of transport or uses a specially adapted vehicle on his or her own
- ♦ only uses car or specially adapted vehicle if accompanied and assisted to get in and out

7. Taking medication
- ◊ satisfactorily takes medication on his or her own

or
- ◊ does not take medication
- ♦ needs supervision to be certain he or she takes medication satisfactorily, even if using weekly dis-penser

8. Money management
- ◊ manages own mo-ney
- ♦ needs close supervision in carrying out certain major transactions
- ♦ unable to manage own money and should be under protective super-vision

◊ Fully autonomous
♦ Needs assistance

APPENDIX II

SERVICES : OBLIGATORY AND OPTIONAL

Table 2

SERVICES

- **Obligatory services refer to regulated standards for physical layout, safety, and hygiene/wholesomeness, and essential services depending on the type of building.**
- **Optional services are not obligatory. They depend on the services offered by the facility to the clientele.**

SERVICES	PRIVATE RESIDENTIAL FACILITY			
	Apartment type		**Room and board or guesthouse** type	
	Oblig.	Optional	Oblig.	Optional
. **Accommodation and catering**				
Bed	X		X	
Board		X	X	
. **Material arrangements**				
Household maintenance		X	X	
Laundry for bed linens		X	X	
Laundry for personal items		X		X
Dry cleaning		X		X
Errands		X		X
. **Diet**				
Meal service		X	X	
Snacks		X		X
Preparation of special diets		X		X
Choice of menus		X		X
Menus posted		X		X
Room service		X		X
. **Hygiene/wholesomeness**	X		X	
Heating/lighting	X		X	
. **Safety**				
Round-the-clock presence		X	X	
Alarm bells		X		X
Compliance with safety and fire standards	X		X	
Emergency and evacuation procedures	X		X	
. **Special and leisure activities**		X		X
. **Transport**		X		X
. **Pastoral care**		X		X
. **Professional services** (physician, nurse)		X		X
. **Accessibility** Compliance with *Code national du bâtiment*	X		X	
Physical layout				
Dining room		X	X	
Common room or living room		X	X	
Activity room		X		X
Library		X		X
Outdoor green space		X		X
Room	X		X	
Bathroom	X		X	
Hairdresser		X		X
Cable		X		X
*Telephone		X	X	
Laundry		X		X
Furnished		X		X

*accessible to residents

SERVICES

- **Obligatory services refer to regulated standards for building layout, safety, and hygiene/wholesomeness, and essential services depending on the type of building.**
- **Optional services are not obligatory. They depend on the services offered by the facility to the clientele.**

SERVICES	PRIVATE RESIDENTIAL FACILITY			
	Apartment type		**Room and board or guesthouse** type	
	Oblig.	Optional	Oblig.	Optional
. **Neighbouring services and businesses** (church, convenience store, bank, drugstore, public transport, etc.)		X		X
. **Assistance and support** :				
- Guidance, stimulation, and supervision for activities of daily living (ADL) (eating, dressing, personal hygiene, toilet use, medication)		X		X
. support with diet		X		X
. help with bathing		X		X
. help with dressing		X		X
. help with medication		X		X
- Guidance, stimulation, and supervision for mobility (transfers, movement, attachment of prostheses, indoor and outdoor walking, stairs)		X		X
- Guidance and stimulation for communication (sight, hearing, speech)		X		X
- Guidance, stimulation, and supervision for mental functions (memory, orientation, comprehension, judgement, behaviour)		X		X
. Guidance, stimulation, and supervision for domestic activities				
. help with household maintenance (1)		X	X	
. help with errands		X		X
. help with personal laundry		X		X
. help with the telephone		X		X

(1) See "household maintenance"

APPENDIX III

RESPONSIBILITY WITH RESPECT TO QUALITY

Table 3

RESPONSIBILITY WITH RESPECT TO QUALITY

Responsibilities and quality criteria as regards individuals

Responsibilities	Basis for evaluation	Indicators
Ensure protection and safety of the individual and his or her belongings	Application of a code of ethics regarding respect for the individual's rights, responsibilities, and values	• Having a code of ethics and applying it • Prevention and exposure of all types of abuse and exploitation of individuals
See to harmony in interpersonal relations and encourage assumption of responsibility and socializing	Presence of services for human relations and support for independence	Promotion of : • activities that foster responsibility • involvement in various committees, including the residents' committee
Respect the individual's freedom of choice and maintain a relationship of trust with him or her	Presence of services for human relations and support for independence	Attitude of : • respect for individual freedom • respect for confidentiality
Promote and respect the individual's independence and growth	Presence of services for human relations and support for independence	Encouragement to the individual to carry out own ADL and support for involvement in the living environment
Maintain a respectful and positive attitude towards the individual	Presence of services for human relations and support for independence	• Respect for privacy • Respect for dignity • Informing and consulting with the individual
Encourage the individual to maintain ties with family, friends, and circle	Presence of services for human relations and support for independence	Invitation to families to get involved in activities, committees, celebrations, meals, and meetings
Foster communication between the residential facility and the individual's natural support network, including the surrounding community and institutions	Presence of services for human relations and support for independence	• Providing information on external activities • Promotion of attendance at and involvement in area organizations
Ensure that the individual has personal living space	Physical layout	• Availability of private rooms • Respect for confidentiality • Respect for privacy

Responsibilities and quality criteria as regards services

Responsibilities	Basis for evaluation	Indicators
Ensuring that services rendered match services offered	Services <u>Individual</u> • Help and support services	• Activities of daily living (ADL) -Personal hygiene -Dressing -Medication, etc.
	<u>Collective</u> • Health services	• Nurse, physician on call • Access to emergency services (911, 24/7) • Access to the health system (CLSC, hospital, community groups) • Monitoring of health condition • Continuity of health care (making appointments)
	• Domestic activities - Diet	• Compliance with *Canada's Food Guide* • Nutritional monitoring
	- Laundry - Household maintenance - Special and leisure activities - Supervision - Pastoral care - Transport	• Cleanliness • Cleanliness • Leisure programming • Round-the-clock presence • Available • Safe

Responsibilities and quality criteria as regards management

Responsibilities	Basis for evaluation	Indicators
Exercise sound, transparent, and honest management of financial and material resources, and avoid situations of conflict of interest	Administrative and financial management	• Organization chart • Action plan and activity reports • Budget forecasts and financial report
Provide quality human-resource management	Personnel management	• Compliance with current labour legislation • Application of code of ethics • Competence of personnel • Training and supervision • Promotion of a reassuring and empathetic attitude towards clients
Provide individualized services according to need	Client recruitment policy that takes account of the facility's limitations and services available	Admission criteria
Respect current legislation and regulations related to, among other things, service delivery and accessibility	Compliance with municipal regulations Compliance with the Civil Code and the regulations of the Housing Board (Régie du logement)	Municipal or other occupancy permit • Respect for standards • Use of the lease designed by the Housing Board (Régie du logement)
	Compliance with the *Act respecting health services and social services*	• Respect for the law • Admission of autonomous clients or clients with mild loss of autonomy • Referral to CLSC when an individual's needs profile becomes more demanding • Open-door policy towards service providers from the health system and community resources

Responsibilities and quality criteria as regards the building

Responsibilities	Basis for evaluation	Indicators
Respect current legislation and regulations as regards physical layout, wholesomeness, safety, and building maintenance	Safety	• Compliance with safety and fire regulations imposed by the municipality or the Construction Board (Régie du bâtiment) • Having emergency and evacuation procedures in place
	Hygiene	• Compliance with the requirements of the Ministry of Food, Fisheries, and Leisure (ministère de l'Alimentation, des Pêcheries et des Loisirs) or • municipal requirements
	Physical layout and comfort	• Compliance with the Housing Code • Safety ramps, telephones, etc. • Lighting and heating • Common areas • Suitable layout and arrangements to ensure the security of belongings
	Location	• Nearness to the community

APPENDIX IV

THE ROLE OF VARIOUS BODIES REGARDING PRIVATE RESIDENTIAL FACILITIES

Table 4

THE ROLE OF VARIOUS BODIES REGARDING PRIVATE RESIDENTIAL FACILITIES

BODY	COOPERATION AND COMPLEMENTARITY OF SERVICES TO THE CLIENTELE	RECOGNITION OF PRIVATE RESIDENTIAL FACILITIES	ASSIGNMENT OF SERVICES	FOLLOW-UP AND MONITORING	PROTECTION OF INDIVIDUALS
Régie régionale de Montréal-Centre	Provide follow-up and coordination in the application of the policies of the frame of reference.	Maintain a directory of private residential facilities in concert with seniors' organizations.	Ensure that people living in private residential facilities have access to the health and social services their circumstances require.	As provided for by the Regional Board's powers of inspection (Section 489). Under the quality control plan, continue visits to private residential facilities without permits from the MSSS. Establish communication links with representative bodies regarding problematic situations.	Receive and handle reports about private residential facilities. Refer to any other authority likely to take action on situations exposed.
Institutions in the health and social services system Hospitals	Refer individuals at risk of loss of autonomy to their CLSC so that they can benefit from case management (one-stop) and be maintained at home or in a private residential facility, if appropriate. When the decision is made by the CLSC that maintenance in the home is impossible, hospitals are responsible for directing clients.	Ensure that private residential facilities are listed in the regional directory and are capable of responding to an individual's needs, before directing or referring individuals to them.	Deliver the health and social services called for by individuals' state of health and provide continuity of care jointly and in complementarity with other institutions, such that the individuals' needs are met.	Provide information and CLSC referral to individuals who could benefit from case management under the one-stop system.	Ensure that individuals receive the health and social services required by their circumstances. Respect current regulations as regards placement and housing, and refer individuals to facilities appropriate to their condition.

.../

BODY	COOPERATION AND COMPLEMENTARITY OF SERVICES TO THE CLIENTELE	RECOGNITION OF PRIVATE RESIDENTIAL FACILITIES	ASSIGNMENT OF SERVICES	FOLLOW-UP AND MONITORING	PROTECTION OF INDIVIDUALS
CLSCs	Provide information and referral about private residential facilities to autonomous individuals and individuals with mild loss of autonomy who choose this residential setting. In this connection, when they consider it appropriate, CLSCs can also inform people of the availability of private placement agencies to provide assistance.	Be familiar with the private residential facilities in their districts. Collaborate in the annual update of the inventory and directory of private residential facilities.	Assess the biopsychosocial needs of individuals who contact them or are referred to them. Provide professional and support services to individuals without infringing owner/operators' respon-sibilities, and only for services that are not covered by the lease or by special agreement between landlord and tenant.	Collaborate in follow-up and monitoring of facilities as requested by the Régional Board's quality control program.	Carry out evaluation and relocation of individuals with loss of autonomy who live in private residential facilities, when their condition requires admission to facilities and institutions in the health system. Respect current regulations regarding placement and housing and refer individuals to facilities that suit their condition.
Institutional groupings	Taking account of the policies of the frame of reference, provide support for their members' role and responsibilities in respect of the use of private residential facilities.				Advise members to respect current regulations relating to placement and housing.
Professional bodies	Taking account of the policies of the frame of reference, provide support for the role and responsibilities of professionals who deliver services in private residential facilities.			Provide follow-up for problematic situations that are brought to their attention.	Ensure that members apply current regulations relating to placement and housing.
Seniors' associations	Inform their members of services offered by CLSCs, community services, and the policies of the frame of reference.		Foster contact between their members and individuals who are alone and isolated and live in private residential facilities.		Ensure that members are familiar with current regulations relating to placement and housing.
Public Curator	Taking account of the frame of reference, ensure that incapacitated individuals represented receive health and social services suited to their circumstances. Cooperate with institutions in the health system.			Ensure that incapacitated persons represented by this office receive the services that private residential facilities are committed to providing.	Ensure that its workers are familiar with and apply current regulations relating to placement and housing. Ensure respect for the rights of incapacitated persons it represents, and provide them with its protection.

BODY	COOPERATION AND COMPLEMENTARITY OF SERVICES TO THE CLIENTELE	RECOGNITION OF PRIVATE RESIDENTIAL FACILITIES	ASSIGNMENT OF SERVICES	FOLLOW-UP AND MONITORING	PROTECTION OF INDIVIDUALS
Public Curator (cont.)					On a collective level, speak for the needs of incapacitated individuals as regards legislation or regulations that address their interests in terms of safety, wholesomeness, building maintenance, and access to health and social services.
Representative bodies	Maintain up-to-date records on member facilities.	Ensure that their members meet the minimum criteria of the frame of reference and offer quality services that respect the client's needs.	Offer members information, support, and training.	Provide monitoring of services delivered by members and take appropriate measures when necessary.	Ensure that members are familiar with and apply current regulations regarding placement and housing.
Private placement agencies	Take account of the policies of the frame of reference and refer those individuals whom private residential facilities are not fitted to serve to CLSCs. Collaborate with referral bodies and private residential facilities.		Identify individuals' needs and help them conduct an informed search for a living environment which corresponds to their needs, whether in the form of housing (private residential facilities) or in the placement sector (private CHSLDs not under agreement).	Ensure that private residential facilities offer quality services that respect the needs of individuals before referring people to them.	Be familiar with and apply current regulations regarding placement and housing and refer individuals to facilities suited to their condition.
Municipalities	With their fire departments, oversee a process for approving emergency and evacuation procedures in private residential facilities. Ask CLSCs to participate in yearly visits to facilities. Refer to CLSCs in the municipality any problematic situations encountered in relation to the elderly.			Apply the regulation regarding use as a "supervised residence" once it is entered in the *Code national du bâtiment 95* in connection with the change of use or the opening of a new private residential facility in a given municipality. Take action against facilities that infringe municipal regulations. Conduct yearly visits to facilities on their territory.	

BODY	COOPERATION AND COMPLEMENTARITY OF SERVICES TO THE CLIENTELE	RECOGNITION OF PRIVATE RESIDENTIAL FACILITIES	ASSIGNMENT OF SERVICES	FOLLOW-UP AND MONITORING	PROTECTION OF INDIVIDUALS
Private residential facilities	Be familiar with their responsibilities and their own limitations and coooperate and work in complementarity with public, private, and community organizations. Be familiar with and apply the policies of the frame of reference.	Satisfy the minimum criteria and appear in the regional directory.	Deliver services within the limits of their responsibilities. Provide quality services and respect individuals' needs. Take measures to promote and maintain the independence of individuals.	Belong to a representative body. Make a priority of obtaining accreditation from a private accrediting body.	Have a code of ethics and apply it. Take in only autonomous individuals or those with mild loss of autonomy. Prevent and expose abuse and exploitation. Be familiar with and apply current regulations relating to placement and housing. Refer individuals with loss of autonomy to CLSCs. Provide a safe, quality environment.

APPENDIX V

REGISTRATION

REGISTRATION

According to the *Act respecting the legal publicity of sole proprietorships, partnership, and legal persons*, every individual who conducts business with a view to financial gain must register with the Registre des entreprises individuelles ou des sociétés.

- Individual registration
- Corporate registration

Contact the

Service de l'immatriculation
Palais de Justice
10, rue St-Antoine Est
Chambre 1.160
Telephone : (514) 393-2106

APPENDIX VI

GUIDE TO THE ACCREDITATION

RÉGIE RÉGIONALE
DE LA SANTÉ ET DES
SERVICES SOCIAUX
DE MONTRÉAL-CENTRE

GUIDE TO THE ACCREDITATION OF PRIVATE RESIDENTIAL RESOURCES FOR THE ELDERLY FOR PURPOSES OF INCLUSION IN THE DIRECTORY OF THE RÉGIE RÉGIONALE

Research and Evaluation Department
May 28, 1998

INTRODUCTION

The Régie régionale is pursuing the objective of guaranteeing that private residential resources for the elderly contribute to the maintenance of their autonomy in a safe, quality environment.

To this end, the Régie régionale has defined terms of reference for the production of a directory of private residential resources for the elderly which meet five criteria :

- holds a municipal permit ;
- holds a registration ;
- possesses a public sign ;
- possesses an emergency and evacuation plan ;
- has civil liability insurance.

Moreover, the Régie régionale would like to encourage private residential facilities to make use of private accreditation organizations.

CRITERIA

Based on an analysis of the tools used to accredit resources in the health and social services system, the Régie régionale identified a set of criteria relevant to private residential resources for the elderly.

The criteria are divided into two categories : basic criteria, which apply to all resources, and variable criteria, which vary depending on the nature of the resource.

Private residential resources for the elderly should be accredited based on a consideration of these criteria :

Basic Criteria

◊ **Reception-admission** : The family or friends and the resident are informed of the residence's services and its rules. The resident gives his/her enlightened consent to being admitted.

◊ **Care** : The resource provides quality care that is appropriate to the person's condition : drug safety, personal hygiene, coordination with physicians and other health professionals, biopsychosocial follow-up.

The care is provided in a manner that does not imperil the resident's health. The level of care is suited to the resource's capacity. The resource undertakes to respect the limits of its status as prescribed by the laws and regulations.

◊ **Approach to service provision** : Takes into consideration comfort, dignity, reliability, empathy, tranquillity, facility, responsibility, privacy, continuity, expediency and residents' satisfaction.

◊ **Management of personal property** : The resource has a clear, transparent policy where the person is no longer able to manage his/her own property. This policy is in accordance with the *Act respecting the Public Curator ;*

◊ **Building** : The premises are well-maintained (dusting, washing, painting, etc.), premises respect safety standards ; the staff has adequate training to intervene in case of emergency (e.g. fire) ;

◊ **Service quality evaluation** : The resource has an annual process for evaluating the quality of services received by residents and their families. This evaluation includes an analysis of complaints filed during the period under evaluation.

Variable Criteria

◊ **Food services** : varied, healthful menus ; hygienic control of food, its storage location, kitchen and staff.

◊ **Leisure** : varied, frequent, high-quality activities.

◊ **Laundry services** : good control of hygiene, adequate bedding, satisfaction of residents in this area.

◊ **Religious services** : agreements with various religious authorities.

◊ **Volunteering** : Agreements with a volunteer centre.

ACCREDITATION PROCESS

The primary responsibility of an accreditation process rests with the resource itself. It is responsible for the quality of its operations and of the services it offers. In order for this process to have meaning, the managers of the resource and the members of their teams must be willing to undertake a quality improvement process.

The Régie régionale considers that an accredited residential facility meets the requirements defined in an accreditation system and focusses on the quality of its services. This quality of service must be defined in terms of the criteria identified above. The accreditation is confirmed by a recognized body.

The Régie régionale has identified organizations with the capacity and interest to accredit residential resources for the elderly. In their accreditation processes these organizations should include criteria that have been set on a regional basis. The date of issue and the duration of the accreditation should be specified on all accreditation certificates.

ANNEX

List of Bodies Recognized by the Régie Régionale for Accreditation of Private Residential Resources for the Elderly as at April 20, 1998

COGNITRIX
Ms. Jocelyne Beaumier
18, Chateauguay
Ormstown, Québec
J0S 1K0

Telephone : (450) 829-2888
Fax : (450) 829-3074

E-mail : cognitrix@sympatico.ca

LE GROUPE SANTÉ CONSEIL
Ms. Nathalie Arcand
5874, rue Jeanne-Mance
Montréal (Québec) H2V 4K8

Phone : 1-888-878-1317
Fax : (418) 878-1370

APPENDIX VII

ORGANIZATION RESPONSIBLE FOR QUALITY APPRAISAL OF RESIDENCES WITH SERVICES FOR THE ELDERLY

APPENDIX VII

ORGANIZATION RESPONSIBLE FOR QUALITY APPRAISAL

OF RESIDENCES WITH SERVICES FOR THE ELDERLY

ROSES D'OR (Golden Roses) **PROGRAM**

Organization responsible for quality appraisal of
private residences with services for the elderly

Call (514) 844-6919 for information on the ROSES D'OR Program.